

EP015

**PAIN MANAGEMENT IN THORACIC SURGERIES: A SYSTEMATIC REVIEW AND META-ANALYSIS COMPARING ERECTOR SPINAE AND SERRATUS ANTERIOR PLANE BLOCKS**

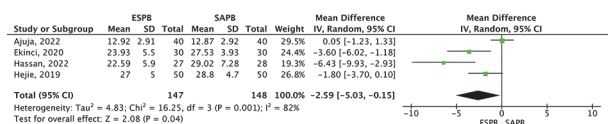
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**Background and Aims** The Erector Spinae Plane Block (ESPB) and the Serratus Anterior Plane Block (SAPB) are potential options for surgeries in the thorax. This study aims to compare the efficacy and safety between them.

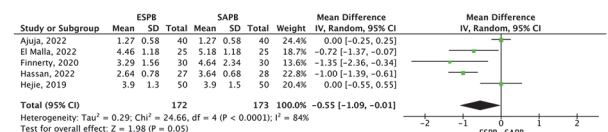
**Methods** PubMed, EMBASE, and Cochrane were searched for RCTs comparing the ESPB to the SAPB. The outcomes included opioid consumption intraoperatively and in the first 24 h, pain scores, postoperative nausea and vomiting (PONV), and block-related complications incidences. RevMan 5.4 analyzed data and sensitivity analysis was conducted by systematically removing each study. (PROSPERO – CRD42023415421)

**Results** The study analyzed six RCTs with 405 patients, 50% underwent ESPB. Intraoperative opioid consumption was significantly lower in the ESPB group (figure 1). No significant differences were found in pain scores at rest or movement at 2h (MD4 -0.28; 95% CI -1.01 to 0.44; p=0.44 and MD -0.14; 95% CI -0.54 to 0.27; p=0.51) and 12h (MD -0.15; 95% CI -0.53 to 0.22; p=0.43 and MD -0.55; 95% CI -1.24 to 0.14; p=0.12). However, at 24h, there were significantly lower pain scores for the ESPB group when in movement (figure 3) and overall block-related complications, there were no significant differences. Sensitivity analysis did not change the overall conclusion in any of the outcomes evaluated.

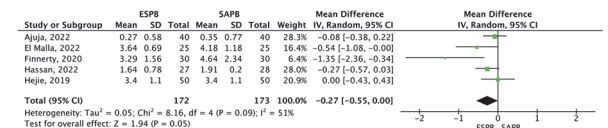


**Abstract EP015 Figure 1** Intraoperative opioid consumption was significantly lower in the ESPB group

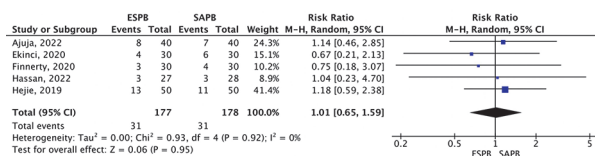
2A



2B



**Abstract EP015 Figure 2** At 24h there were significant lower pain scores for the ESPB group when in movement (Figure 2A) and a similar tendency for when in rest (Figure 2B)



**Abstract EP015 Figure 3** There were no significant differences regarding PONV incidence between the groups

**Conclusions** Our findings suggest that ESPB may be more effective than SAPB for thoracic surgeries, although the safety profile is similar.

**EP016 NEURAXIAL TECHNIQUES FOR THE OBESE PARTURIENT: OUR EXPERIENCE FROM THE LABOR ROOM**

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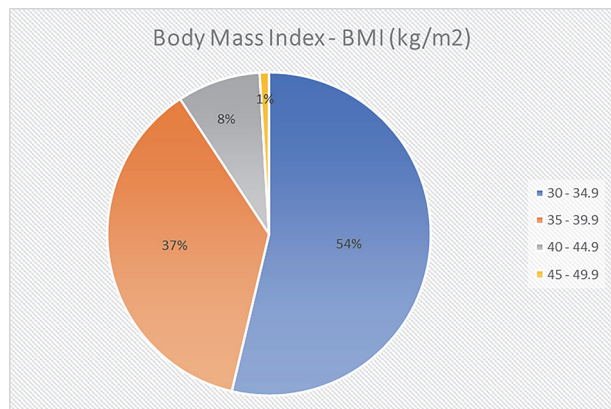
**Background and Aims** Obese parturients are frequently encountered in the maternity wards and this population is expected to increase, in accordance with the obesity prevalence in the general population. Anesthetists may confront difficulties mainly regarding airway management and neuraxial techniques.

**Methods** Parturients with a BMI > 30 kg/m<sup>2</sup> at the time of labor were retrospectively identified, from January 2022 to January 2023. Data was collected from patient record and details of anesthetic management and obstetric complications were recorded, after Ethics Committee approval was granted.

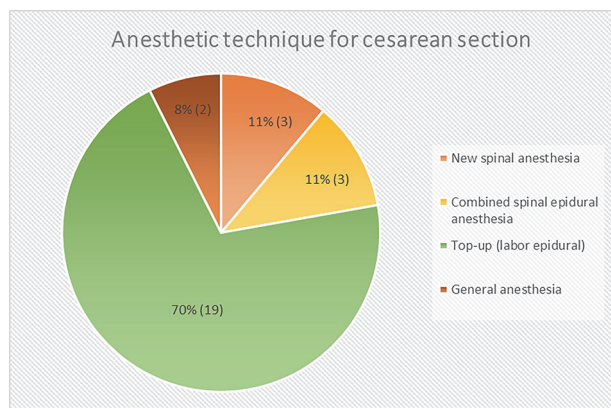
**Results** 106 obese parturients identified during the aforementioned period. The mean BMI was 34.7 kg/m<sup>2</sup>, ranging from 30.1 to 49.4 kg/m<sup>2</sup>. 92 (86.7%) of them received an intrapartum neuraxial technique. 90 (89.5%) of them had an unassisted vaginal delivery, 16 (15%) an operative or instrumental delivery and 27 (25.4%) cesarean delivery (7 as emergency). Overall, 92 (86.7%) obese parturients received a labor epidural or a dural puncture epidural. 3 women requested labor epidural, but that was not achieved. 5 labor epidural attempts were recorded as vigorous. Regarding cesarian sections, 25 (92%) were performed under regional anesthesia (new spinal/combined spinal epidural anesthesia or successful top-up of the labor epidural) and 2 (7%) under general anesthesia. 44 deliveries (41.5%) were completed out of hours, while another 15 lasted for over 12 hours.

**Abstract EP016 Table 1** Grade of cesarean section in relation with parturient BMI and anesthetic technique

	Number of cases	Mean BMI (kg/m <sup>2</sup> )	Cesarean sections under regional anesthesia	Cesarean sections under general anesthesia
<b>Grade 1 cesarean section</b> (delivery decision to incision within 30 minutes)	7	35.7	6 out of 7 (86%)	1 out of 7 (14%)
<b>Grade 2 cesarean section</b> (delivery decision to incision within 60 minutes)	15	35.7	14 out of 15 (93%)	1 out of 15 (7%)
<b>Grade 3 cesarean section</b> (scheduled – within 24 hours)	5	33.7	5 (100%)	0 out of 5 (0%)



**Abstract EP016 Figure 1** Body mass index (BMI) of the obese parturients of the labor room of Aretaieion University Hospital during the period January 2022 – January 2023



**Abstract EP016 Figure 2** Anesthetic technique for cesarean section

**Conclusions** Obese obstetric population frequently requires regional anesthetic care, while clinical pressures demand highly skilled senior anesthetists. Out of hours deliveries and long-lasting labors are common. Thus, antenatal anesthetic assessment, antenatal counseling and senior involvement is considered very important.

EP017

**ULTRASONOGRAPHIC EVALUATION OF THE OPTIC NERVE SHEATH IN HYPERTENSIVE SYNDROMES OF PREGNANCY: A COHORT STUDY**

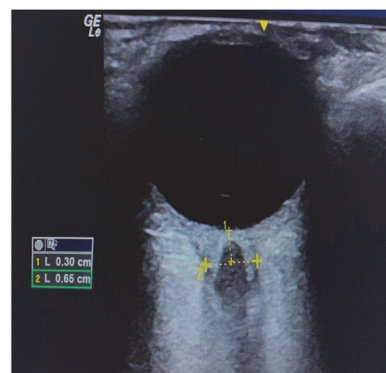
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**Background and Aims** Ocular ultrasonography is a noninvasive method to detect intracranial hypertension through the measurement of the optic nerve sheath diameter (ONSD). Higher diameters have been reported in preeclampsia and eclampsia, but it is not known if this finding is associated with adverse maternal and neonatal outcomes. This study aimed to determine whether there is an association between the hypertensive syndromes of pregnancy and ONSD or between this measurement and adverse maternal and neonatal outcomes.

**Methods** Cohort study with 183 pregnant women in the third trimester and puerperal women up to 24 hours after delivery, with the following final distribution: control group (30), gestational hypertension (14), chronic hypertension (12), preeclampsia without severe features (12), preeclampsia with severe features (62), superimposed preeclampsia (23) and eclampsia (30). Ocular ultrasonography was performed. Pregnancy data and outcomes were collected by chart review.

**Results** The ONSD was not significantly different between hypertensive syndromes and controls (p=0.056). Larger diameters were associated with maternal Intensive Care Unit (ICU) admission (p=0.00002) and maternal near miss (p=0.05). There was no association between ONSD and neonatal ICU admission (p=0.1), neonatal near miss (p=0.34), or neonatal death (p=0.26). Diameters greater than 5mm were associated with headache (p=0.008), maternal ICU admission (p<0.01), delivery with a gestational age of less than 34 weeks (p=0.01), and a newborn Apgar score below seven in the first minute of life (p=0.009).



**Figure 1.** Ultrasonographic measurement of the Optic Nerve Sheath Diameter. Measurement 1 was obtained 3mm posterior to the eyeball and measurement 2 corresponds to the sheath diameter at this level (6.5mm).

**Abstract EP017 Figure 1** Ultrasonographic measurement of the optic nerve sheath diameter